

TANK REMOVAL/INSTALLATION APPLICATION

In accordance with Chapter 5 of the City Code

**Maryland State Law requires that commercial building contractors
provide a copy of their current state license with this application.**

Application No. _____
Date _____
Approvals:
Zoning _____ Date _____
Code _____ Date _____
Fees:
Total Fee _____
Application Fee _____
Amount Due _____

All information requested in this application must be answered completely.

1. SUBJECT PROPERTY

Street Address _____
Lot _____ Block _____ Subdivision _____
Project Name _____

2. APPLICANT

Name _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephones: Work _____ Home _____

3. CONTRACTOR

Name _____ MD License No. _____
Contractor's Maryland License Number _____ Telephone _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____

4. PROPERTY OWNER

Name _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephones: Work _____ Home _____

5. BUSINESS OWNER/OCCUPANT

Business Name (T/A) _____ Manager _____
Owner/Occupant _____
Street Address _____ Suite No. _____
City _____ State _____ Zip Code _____
Telephones: Work _____ Home _____

6. PERMIT TYPE *(check one only)*

- ☐ TANK REMOVAL
☐ TANK INSTALLATION

7. WORK DESCRIPTION:

8. PROJECT DETAIL INFORMATION

Cost of Construction _____

Tank Capacity (Gallons) _____

Total number of Tanks _____

Total number of pumps _____

Above Ground: ☐ Yes ☐ No

I hereby certify that I have read and examined this application and that all statements are true and correct; furthermore, I certify that I am the Owner or Lessee of the property, or Agent or either, or the licensed Engineer, Architect, or Contractor employed in connection with this proposed work, and that the proposed work is authorized by the Owner in fee, and I am authorized to make such application.

Applicant's Name *(please print)* _____

Applicant's Signature _____

Date _____

Daytime Telephone _____

SPECIAL CONDITIONS
